



Justice Center
THE COUNCIL OF STATE GOVERNMENTS

Justice Reinvestment in Kansas

Update to the Mental Health and Substance Abuse Subcommittee
September 9, 2020

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Justice Center

THE COUNCIL OF STATE GOVERNMENTS

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

How We Work

- We bring people together
- We drive the criminal justice field toward with original research
- We build momentum for policy change
- We provide expert assistance

Our Goals

- Break the cycle of incarceration
- Advance health, opportunity, and equity
- Use data to improved safety and justice



What is Justice Reinvestment?

A data-driven approach to improve public safety, reduce corrections and related criminal justice spending, and reinvest savings in strategies that can decrease crime and reduce recidivism.

The Justice Reinvestment Initiative is funded principally by the U.S. Department of Justice's **Bureau of Justice Assistance (BJA)** with additional funding from **The Pew Charitable Trusts**.

Technical assistance for states participating in the Justice Reinvestment Initiative is provided by the **CSG Justice Center** and **Community Resources for Justice's Crime and Justice Institute**.

The Kansas Criminal Justice Reform Commission (KCJRC) has guided the CSG Justice Center analysis.

Based on the KCJRC goals, CSG Justice Center staff have requested data for the Justice Reinvestment Initiative to begin exploring ways to

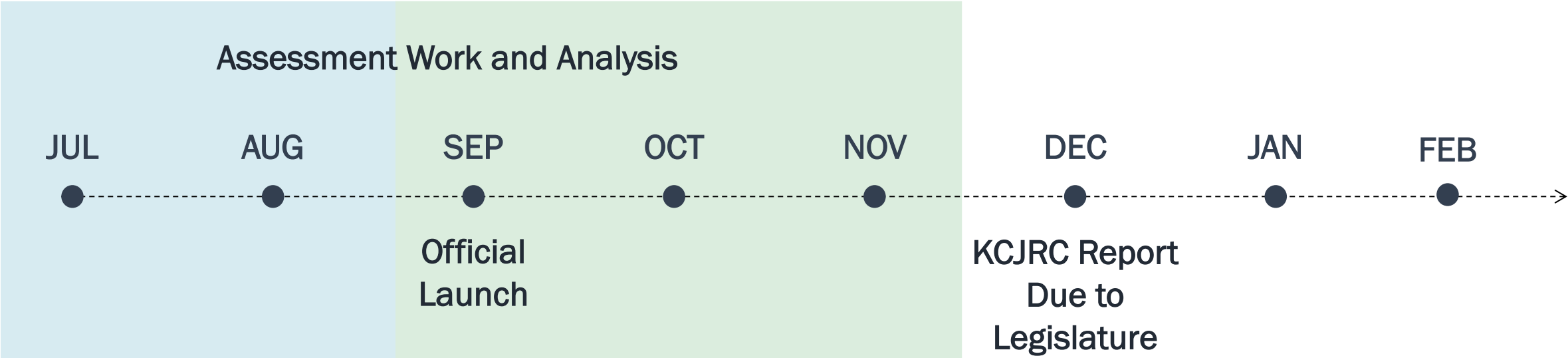
- Prioritize prison for people who pose a threat to public safety and **manage expensive prison population growth/pressure;**
- Increase support for **victims of crime;**
- **Strengthen community supervision and resources** to change behavior and reduce recidivism/revocations; and
- Break the cycle of recidivism by ensuring that criminal justice system practitioners have the resources they need in facilities and in the community to help people succeed, including **access to mental health/substance use treatment, and employment/housing support.**

The KCJRC has guided the CSG Justice Center analysis.

KCJRC subcommittees will be able to use the analyses and insights we gather to guide their work as they attempt to

- Understand the scale and nuance of problems;
- Identify recommendations to move closer to desired outcomes;
- Build support and pass policy recommendations; and
- Create implementation plans that include data monitoring for accountability.

The Justice Reinvestment assessment of behavioral health seeks to examine systems, policies, and practices driving challenges in Kansas.



The CSG Justice Center's core Justice Reinvestment team in Kansas



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The CSG Justice Center's behavioral health assessment team in Kansas



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Since July 2020, CSG Justice Center staff have connected with 32 Kansas stakeholders across 16 organizations to discuss behavioral health needs and challenges.

- Mental Health and Substance Abuse Subcommittee of the Kansas Criminal Justice Reform Commission
- Proportionality/Guidelines Subcommittee of the Kansas Criminal Justice Reform Commission
- Kansas Department of Corrections' (KDOC) Health Care Compliance and Programming staff
- Kansas Department of Aging and Disability Services (KDADS)
- Kansas Department of Health & Environment
- Kansas Courts
- Kansas Attorney General's Office
- Kansas Association of Chiefs of Police
- Kansas Sheriff's Association
- Heartland Regional Alcohol and Drug Control Center
- Substance Abuse Center of Kansas

Since July 2020, CSG Justice Center staff have connected with 32 Kansas stakeholders across 16 organizations to discuss behavioral health needs and challenges.

- Valeo Behavioral Health
- Compass Behavioral Health
- Central Kansas Mental Health Center
- Horizons Mental Health Center
- Johnson County Mental Health Center
- Bert Nash Community Mental Health Center

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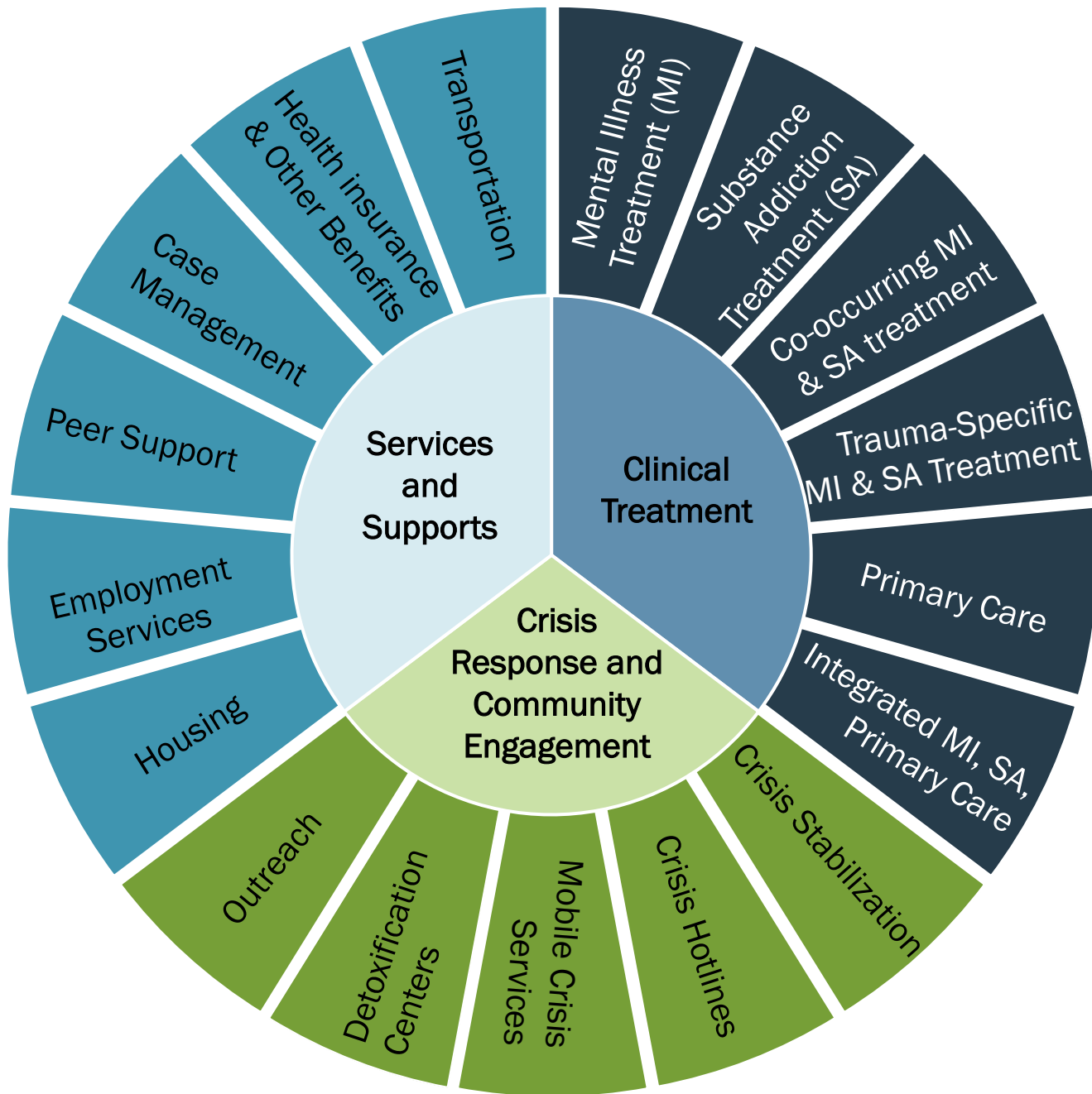
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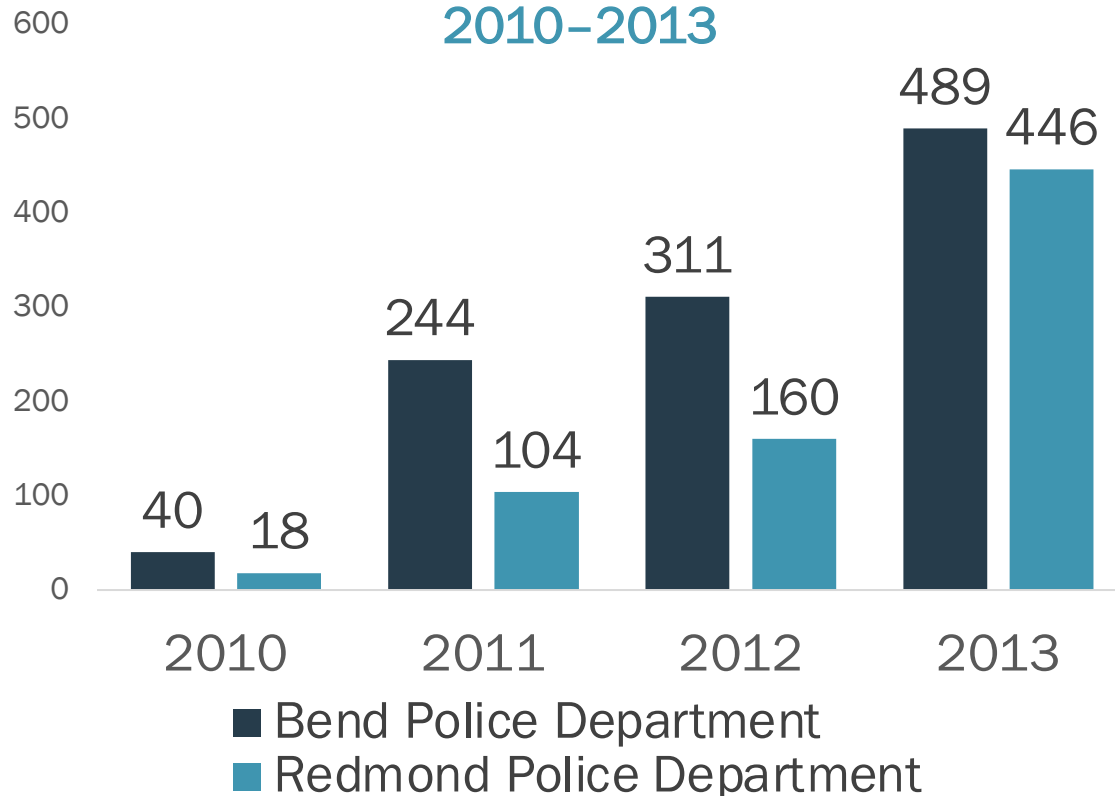
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People with complex needs require a broad range of supports and services to overcome barriers and address criminogenic and behavioral health needs.

Across the country, mental health-related calls to law enforcement have increased.

MH-Related Calls to Law Enforcement Agencies in Deschutes County, Oregon, 2010-2013



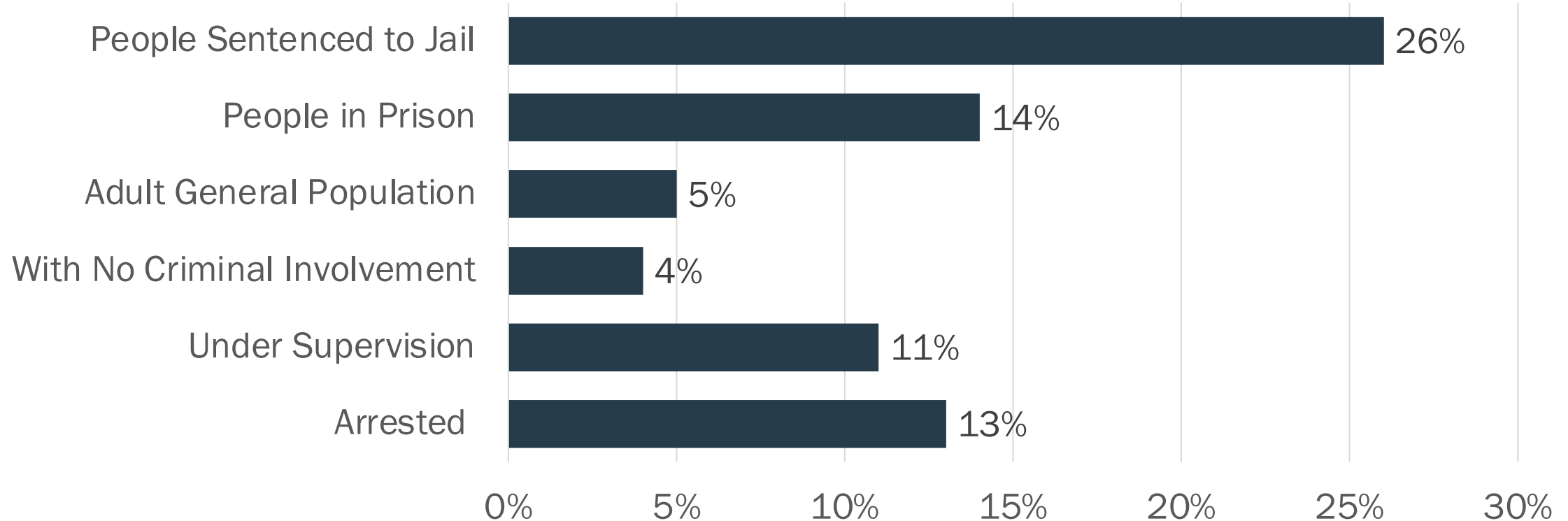
One Florida county found that **1 in 10 calls** for service involve a person with a **severe mental illness**.

In Madison, Wisconsin, **behavioral health calls** for service (CFS) take **twice as long as non-behavioral health calls to resolve:**

- All CFS = 1.5 hours
- BH CFS = 3 hours

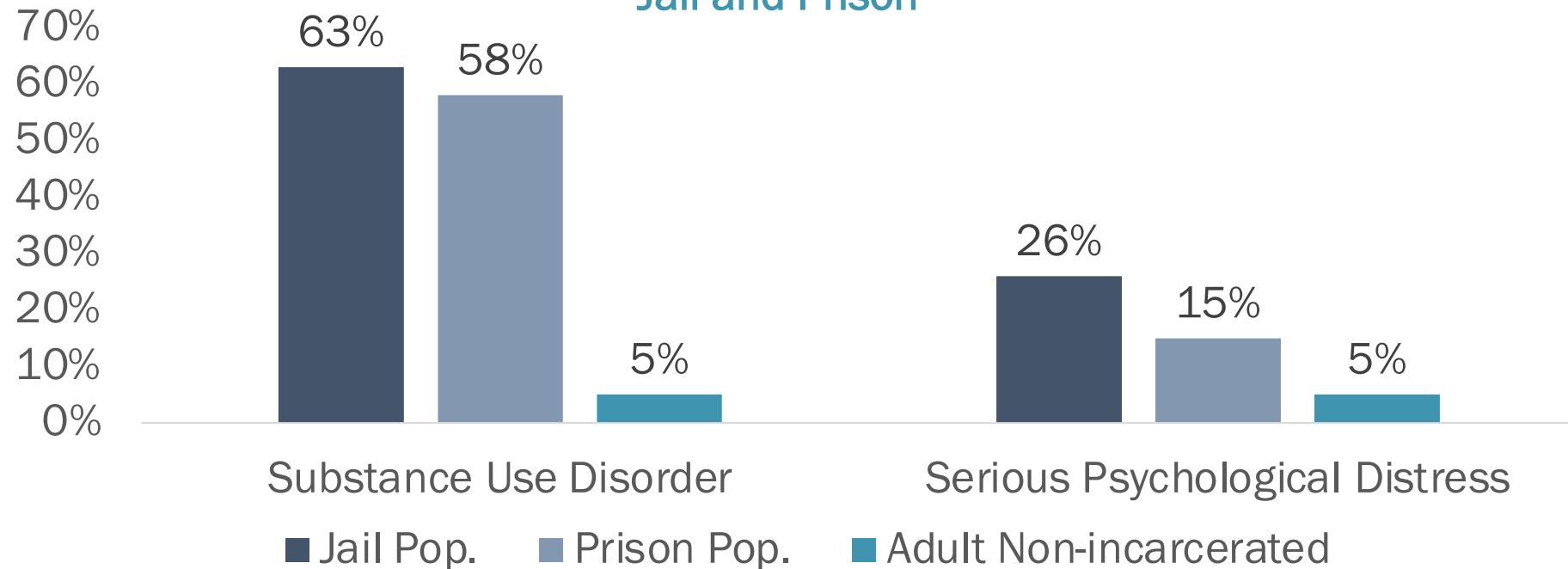
Incarcerated people in prison and jail were three to five times as likely to have met the threshold for serious psychological distress (SPD) as adults in the general U.S. population.

Incarcerated People in Prison and Jail and Adult General Population Who Met the Threshold for SPD, 2009–2012



Nationally, the rates of mental illnesses and substance use disorders in the justice system are higher than in the adult general population.

National Findings on Drug Use and Mental Illness Among People in Jail and Prison



Jennifer Bronson, et al., Drug Use, Dependence and Abuse Among State Prisoners and Jail Inmates, 2007–2009, (Washington, DC: Bureau of Justice Statistics, 2017); Jennifer Bronson and Marcus Berzofsky, Indicators Of Mental Health Problems Reported By Prisoners And Jail Inmates, 2011–2012 (Washington, DC: Bureau of Justice Statistics, 2017).

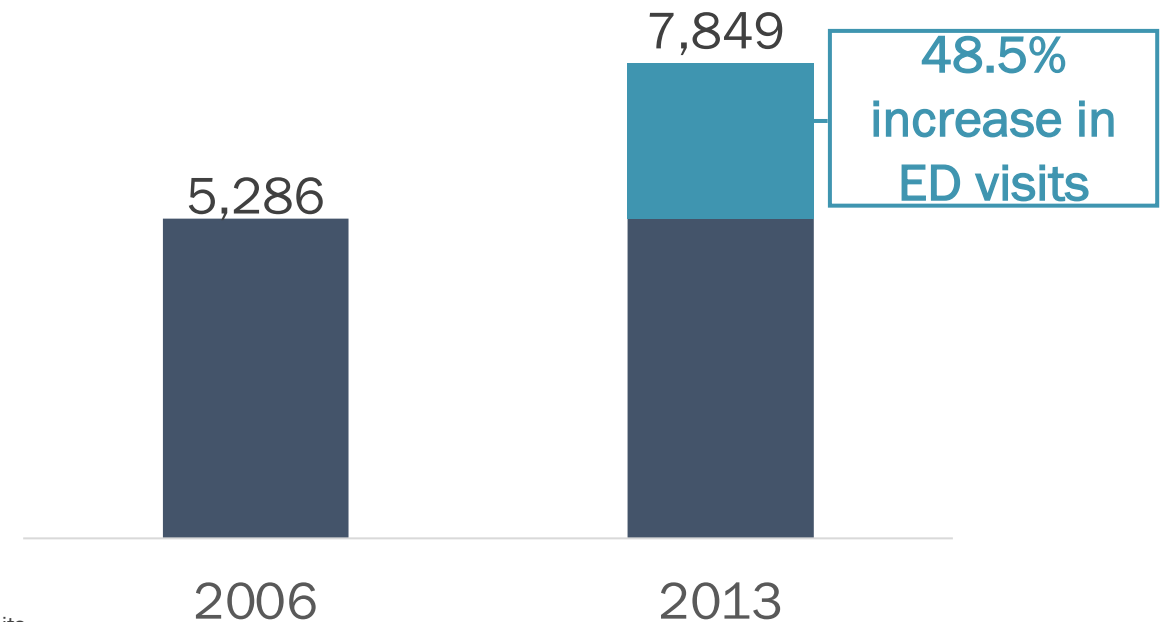
There is an increase in emergency department visits for people with mental illnesses and substance use disorders.

1 in 8 emergency department (ED) visits in the U.S. are for mental health or substance use issues.



ED visits for mental health and substance use issues have increased.

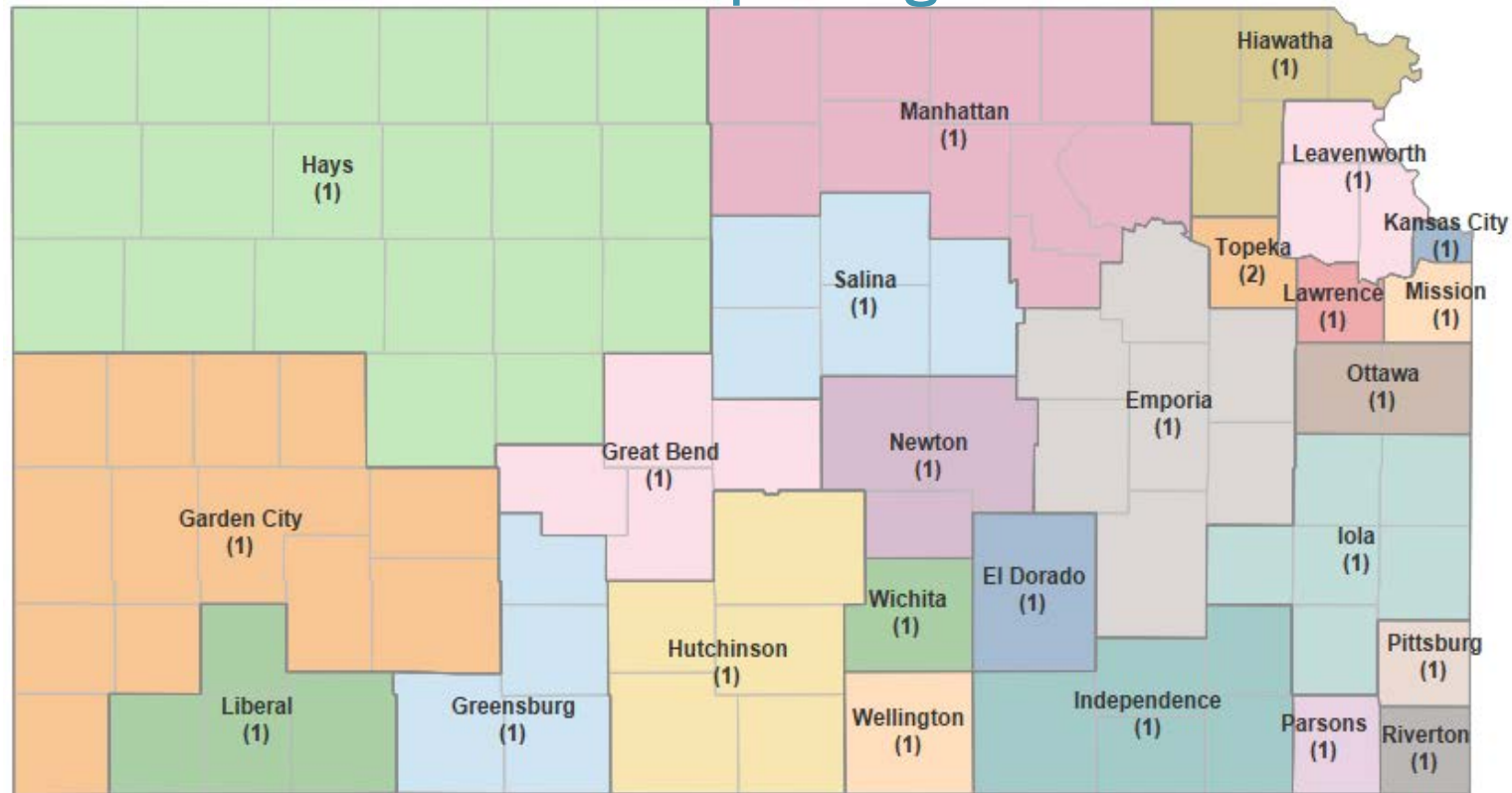
ED Visits (per 100,000 Population)
Involving Mental Health and/or
Substance Use, 2006–2013



Health Resources and Services Administration (HRSA), National Projections of Supply and Demand for Selected Behavioral Health Practitioners (Rockville, MD: HRSA, 2016); Pamela L. Owens, Ryan Mutter, and Carol Stocks, Mental Health and Substance Abuse-Related Emergency Department Visits among Adults, 2007 (Rockville, MD: Agency for Healthcare Research and Quality, 2010); Audrey J. Weiss, et al., Trends in Emergency Department Visits Involving Mental and Substance Use Disorders, 2006-2013 (Rockville, MD: Agency for Healthcare Research and Quality, December 2016).

Kansas has 26 Community Mental Health Centers (CMHCs) serving 25 regions.

Community Mental Health Center Regions and Number of Centers per Region*



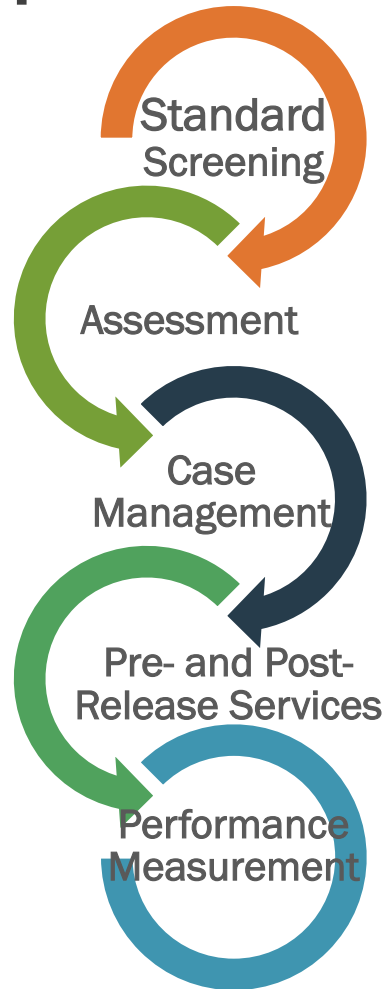
Of the 26 CMHCs:

- 11 served 1 county
- 12 served 2–7 counties
- 3 served 10 or more counties

Topeka was the only region to have more than one CMHC.

*As of January 10, 2018
“CMHC Map,” Association of Community Mental Health Centers of Kansas, Inc., accessed September 30, 2019,
<http://www.acmhck.org/resources/cmhc-map/>

People with co-occurring mental illnesses and substance use disorders have complex needs that require integrated responses across the criminal justice system.



Standardized Screening: mental illnesses, substance use, suicidal thoughts, and withdrawal

Assessment: co-occurring disorders (CODs) and criminogenic risk and needs

Collaborative Comprehensive Case Management

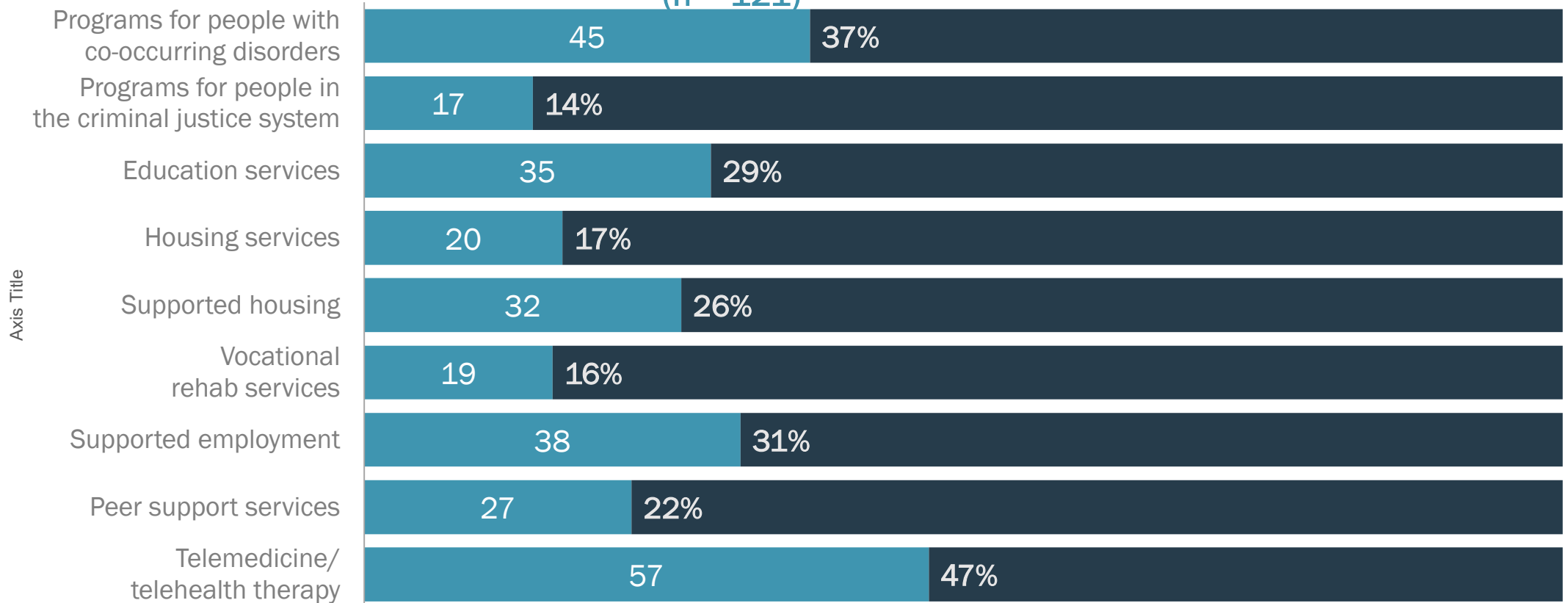
Pre- and Post-Release Services: COD and cognitive behavioral interventions for criminogenic risk and needs

Performance Measurement

Fewer than half of treatment facilities in Kansas offered programs for people with co-occurring mental illnesses in 2018.

Services Offered by Mental Health Treatment Facilities

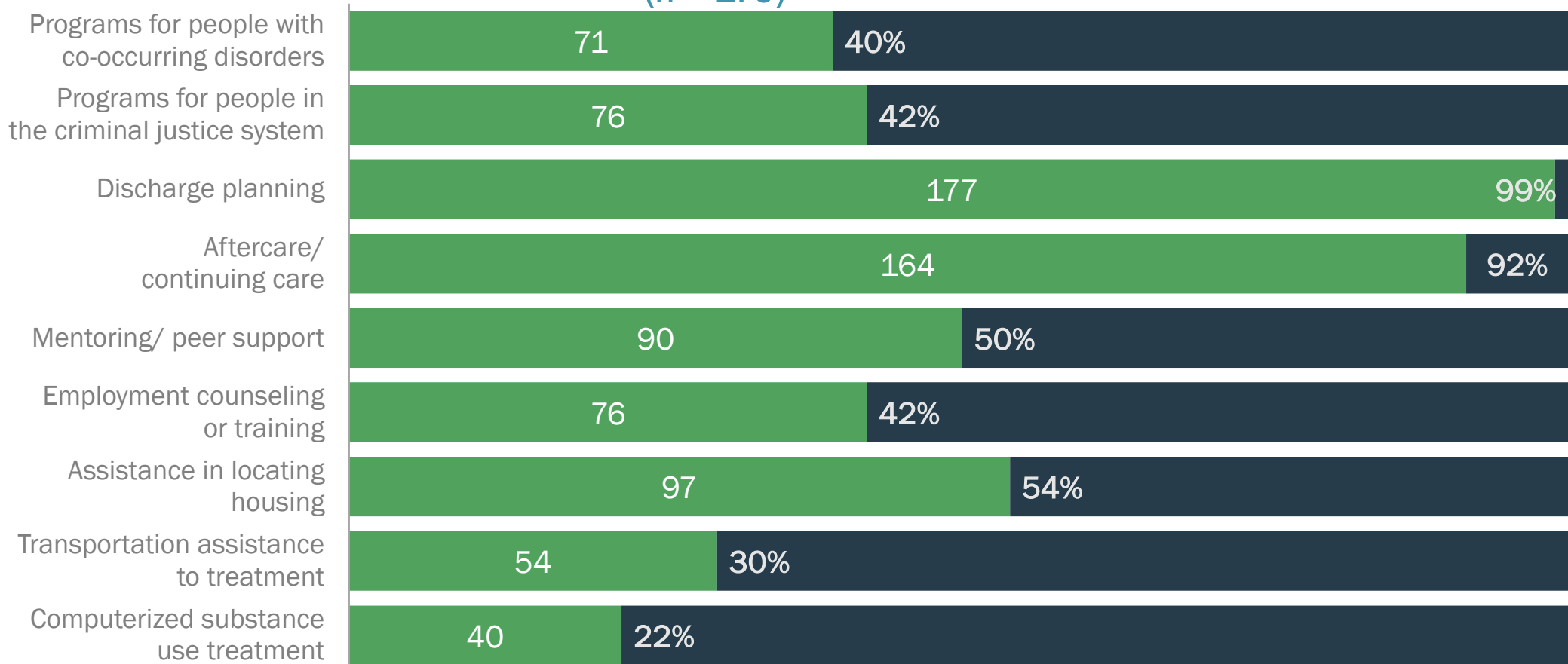
(n = 121)



Fewer than half of treatment facilities in Kansas offered programs for people with substance use disorders in 2018.

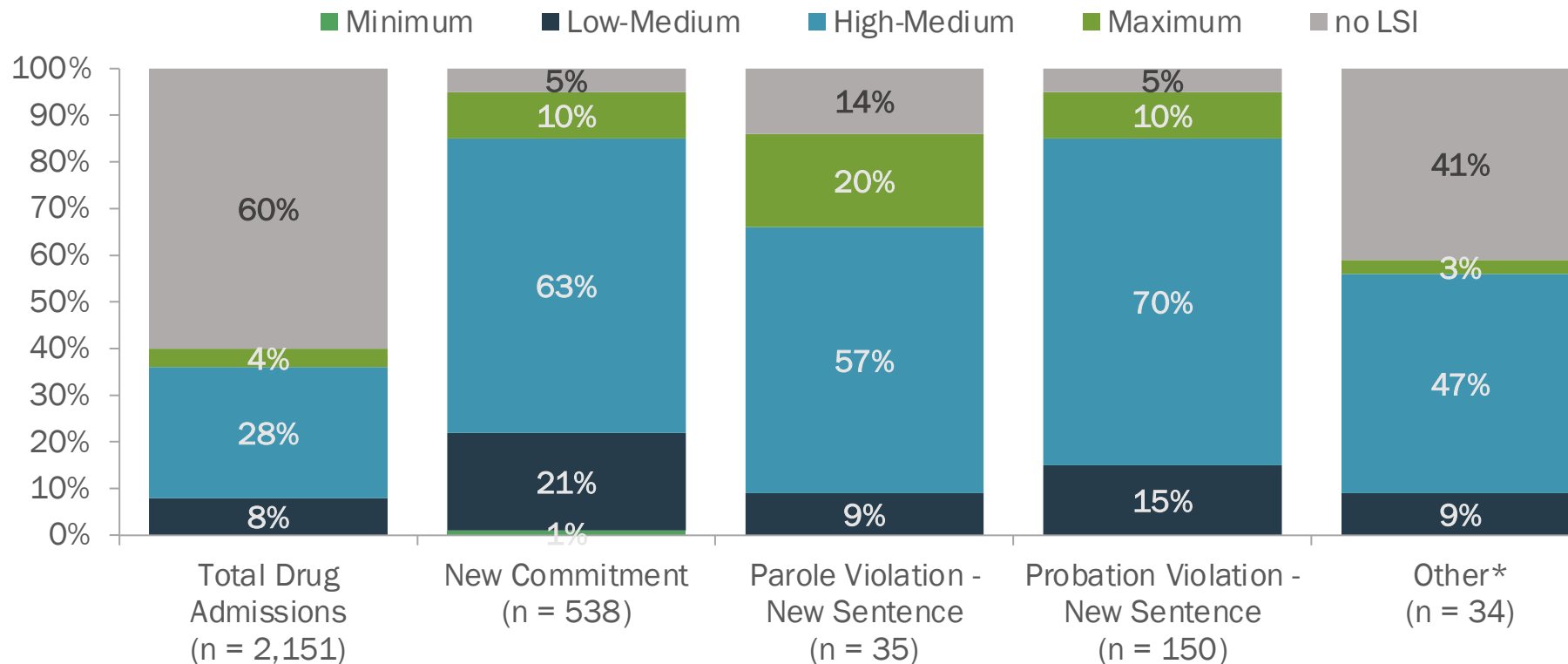
Services Offered by Substance Abuse Treatment Facilities

(n = 179)



Most admissions to prison for drug offenses are people with high-medium Level of Service Inventory-Revised (LSI-R) scores.

FY2019 Prison Admissions for Drug Offenses by Admission Type and Risk Level



Additional takeaways:

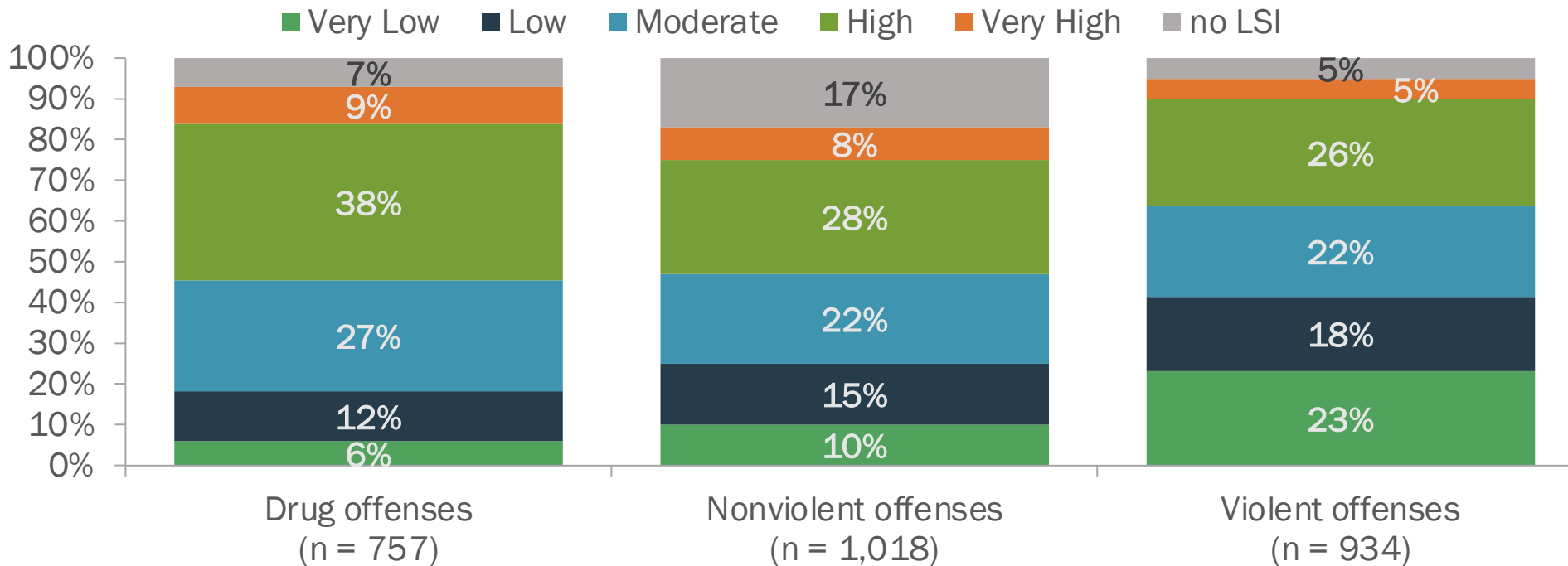
- Very few supervision condition violation or probation sanction admissions for drug offenses had an LSI-R assessment within 30 days of admission.
- Scores are fairly consistent across admission types, with people who violate parole having a slightly higher overall risk level.

Based on the LSI-R assessment closest to the admission date. Assessments conducted more than 30 days after admission were excluded from analysis. Admission types with more than 50% of records missing LSI information are not shown: Parole Condition Violations (98% missing of 251 admissions), Probation Condition Violations (74% of 573), and Probation Sanctions (100% of 570).

* "Other" admission types are Admit in lieu of revocation of Parole/CR, Compact Inmate Received, Non Violator Return - New Sentence, Non Violator Return - No New Sentence, and Paroled to Detainer - Returned with New Sentence.

58 percent of admissions for new nonviolent offenses and 53 percent of admissions for new violent offenses scored “moderate” to “very high” in the LSI-R domain for alcohol/drugs.

FY2019 Prison Admissions for New Offenses* by Offense Type and LSI-R Alcohol/Drug Domain Score Level



Additional takeaways:

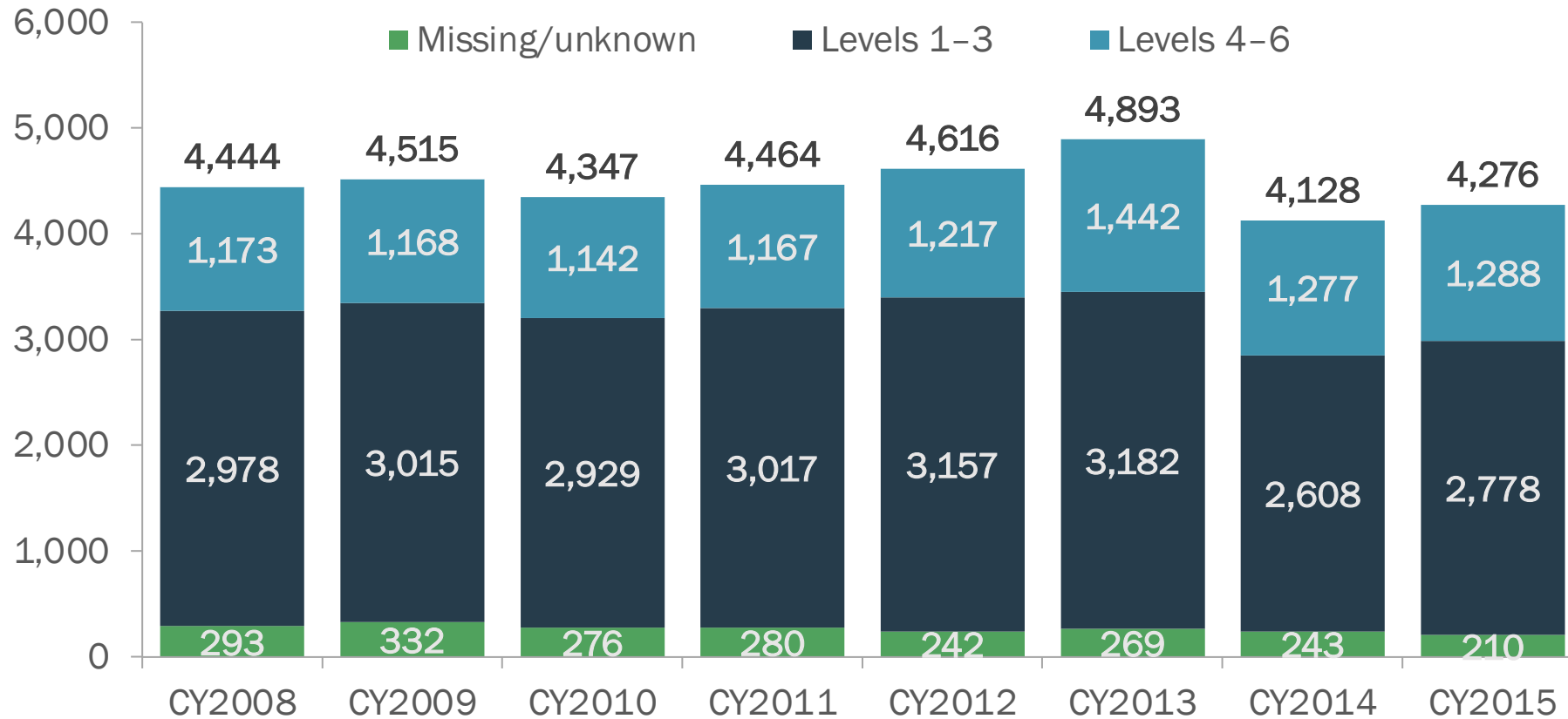
- In FY19, 75 percent of admissions for new drug offenses scored “moderate” to “very high” in the LSI-R domain for alcohol/drugs.

Based on the LSI-R assessment closest to the admission date. Assessments conducted more than 30 days after admission were excluded from analysis.

*Excludes admissions for probation or parole condition violations and probation sanctions.

Over a quarter of the people released from prison each year have mental health needs requiring some level of treatment or services.

Prison Releases by Mental Health Disorder Levels, 2010–2015

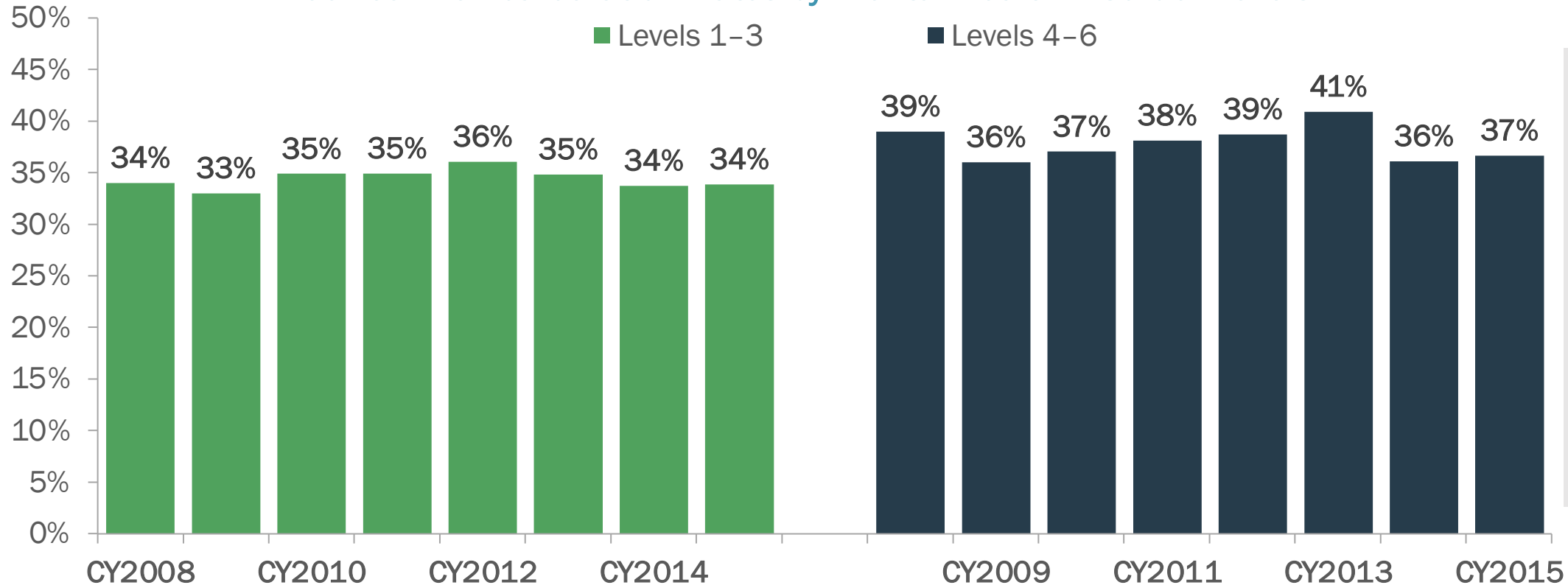


Mental Health Disorder Level Treatment Needs**	
Levels 1 and 2	Generally do not require behavioral health services
Level 3	Transient mental disorders unlikely to cause much functional impairment
Level 4	Typically require behavioral health services or special needs monitoring
Levels 5 and 6	Serious mental health diagnoses and treatment needs

*Mental Health Disorder Levels are at time of release. Approximately 6 percent of people released each year did not have a mental health level. **Per descriptions on page 12 of the KDOC Fiscal Year 2018 Annual Report
 Kansas Department of Corrections recidivism numbers provided to CSG Justice Center staff on August 14, 2019.

People with higher mental health disorder levels return to prison at a slightly higher rate than those with lower levels.

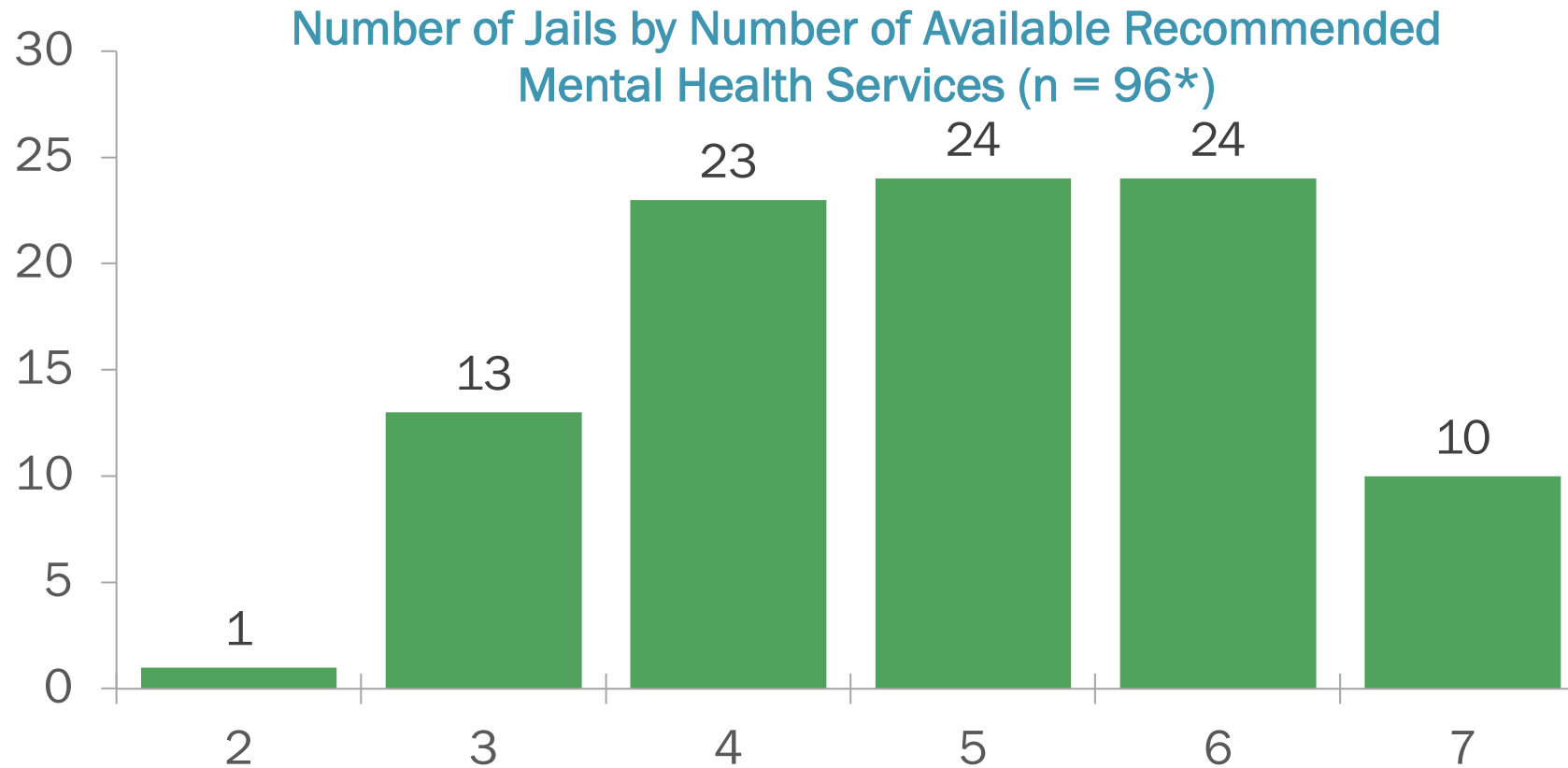
Three-Year Reincarceration Rates by Mental Health Disorder Levels*



For both groups, the majority of returns to prison were for violations of supervision conditions.

*Reincarceration is defined as the percentage of people released from prison who return to prison within three years of release, excluding probation sanctions. Rates are reported by calendar year of release. Mental Health Disorder Levels are at time of release. Approximately 6 percent of people released each year did not have a mental health level.

Most jails in Kansas provide some recommended mental health services, including screening at intake, treatment services, and discharge planning.



The Kansas Legislative Division of Post Audit evaluated mental health services in Kansas jails based on seven standards outlined by the National Commission on Correctional Health Care:

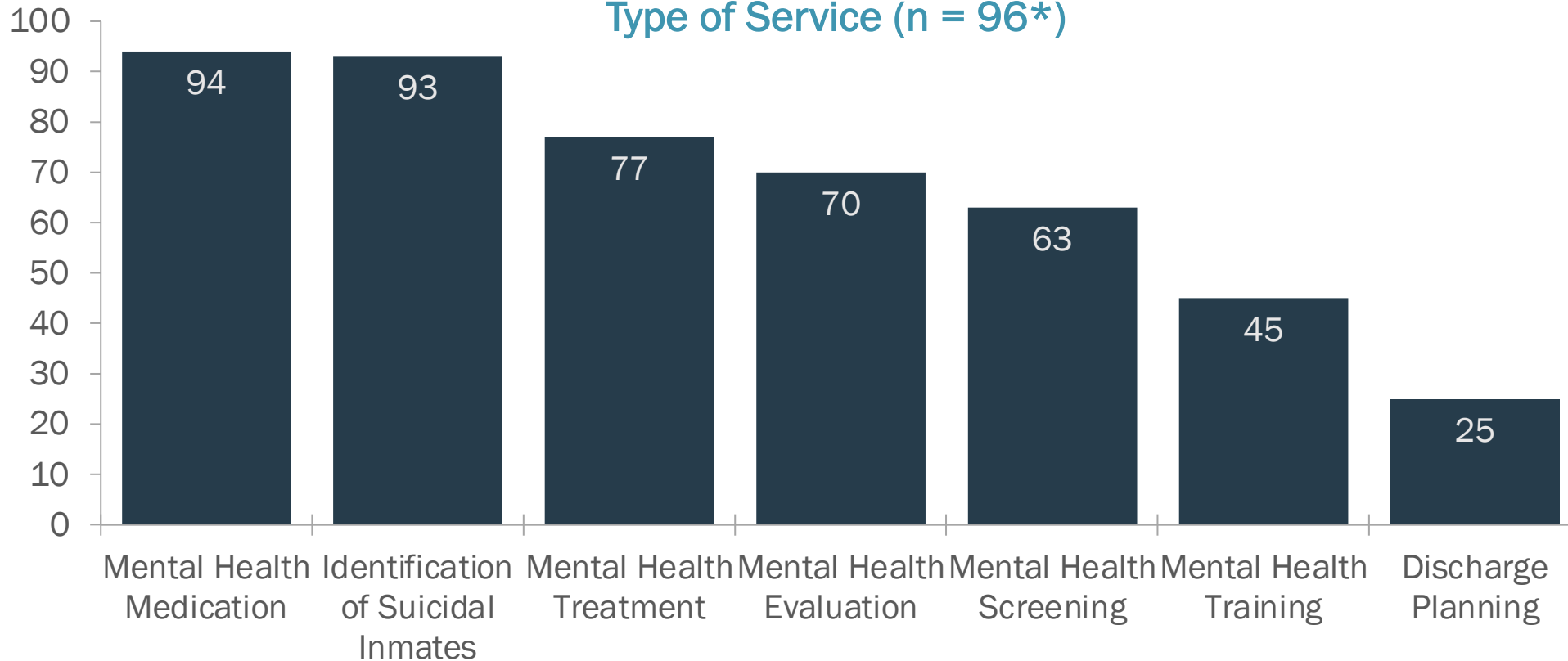
1. Identifying suicidal inmates
2. Mental health screening
3. Mental health assessment and evaluation
4. Mental health medications
5. Treatment services
6. Discharge planning
7. Training for jail staff

*One jail did not respond to questions about recommended services.

Source: Legislative Division of Post Audit, Community Mental Health: Evaluating Mental Health Services in Local Jails (Topeka, KS: Kansas Legislative Division of Post Audit, 2018).

Almost all county jails in Kansas offer medication for mental health issues, but screening or evaluation is less common.

Number of Jails with Recommended Mental Health Services, by Type of Service (n = 96*)



Number of Services	Average Jail Capacity
2	30
3	42
4	44
5	60
6	100
7	362

Typically, larger jails can offer more recommended mental health services.

*One jail did not respond to questions about services offered.

Source: Legislative Division of Post Audit, Community Mental Health: Evaluating Mental Health Services in Local Jails (Topeka, KS: Kansas Legislative Division of Post Audit, 2018).

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There are numerous opportunities to address challenges with serving people in the criminal justice system who have behavioral health needs in Kansas.

Challenges

- There is a lack of integrated co-occurring MI/SUD treatment in the prison system.
- While there is a well-developed structure to provide effective transition from prison to the community, the staffing levels result in poor implementation of the processes in place.

Opportunities

- Modify KDOC policies and contracts to support integrated treatment for people with co-occurring MI/SUDs.
- Develop policy and provide funding to support prison liaisons for the CMHCs and/or substance use treatment providers.

There are numerous opportunities to address challenges with serving people in the criminal justice system who have behavioral health needs in Kansas.

Challenges

- There are five areas in the state with high return rates from KDOC custody and a lack of structured coordination between KDOC, Community Mental Health Centers (CMHCs), and local substance use disorder treatment providers to ensure treatment needs are met.
- Access to the community-based MI and SUD treatment is challenging, particularly in rural and frontier areas.

Opportunities

- Leverage access to telehealth services through Medicaid and insurance to assist with connections to care for people in the justice system.
- Develop mobile crisis teams through CMHCs and substance use treatment providers to increase service accessibility in rural and frontier counties.

There are numerous opportunities to address challenges with serving people in the criminal justice system who have behavioral health needs in Kansas.

Challenges

- There is a lack of knowledge among community MI, SUD, and housing providers on meeting the treatment needs of people in the justice system.
- There are no comprehensive statewide data collection processes, standard metrics, or management information systems (MIS).

Opportunities

- Provide training for community-based mental health, substance use disorder treatment, and housing providers on the criminal justice system.
- Create a subcommittee to identify common data metrics that should be collected across the criminal justice, mental illness, substance use disorder, and housing systems.
- Provide guidance and/or technical assistance on the use of the data metrics and how to share across the relevant state and local agencies.

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Behavioral Health Assessment Next Steps

CSG Justice Center staff may connect with the following stakeholders between now and the next presentation:

- Mirror Inc.
- Additional Community Mental Health Centers
- Additional substance use disorder treatment providers
- KDADS substance use Disorder Team

Final administrative and legislative recommendations will be provided to respective subcommittees and the full Kansas Criminal Justice Reform Commission in **October 2020**.

Thank You!

Join our distribution list to receive updates and announcements:

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The presentation was developed by members of The Council of State Governments Justice Center staff. The statements made reflect the views of the authors, and should not be considered the official position of The Council of State Governments Justice Center, the members of The Council of State Governments, or the funding agency supporting the work.

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